CPC Membership Application/Renewal Information
April 2016 – April 2017

New Member: ___ Renewal: ___ Information Change: ___

Current/Desired Status: Single ___ Family ___
Lifetime Single ___ Lifetime Family ___

Name: _____

Salutation: Mr. ___ Mrs. ___ Ms. ___ Mr. & Mrs. ___
Dr. ___ Drs. ___ Dr. & Mrs. ___ Dr. & Mr. ___

Address: Street or P.O. Box _____
Apt. # _____ Suite # _____
City _____ State _____
Zip Code _____

Home Phone: _____ Home Fax: _____
Work Phone: _____ Work Fax: _____
E-mail Address (es): _____
Profession: _____
Alma Mater(s): _____
Referred by: _____
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<u>Membership Dues Receipt</u>

Single Membership:	$10	Ck # _____	Cash ____
Family Membership:	$20	Ck# _____	Cash ____
Lifetime Single Membership:	$100	Ck# _____	Cash ____
Lifetime Family Membership:	$200	Ck# _____	Cash ____

Make checks payable to: **Chinese Professional Club**
Date Paid: _____/_____/_____

Mail to: Irene Joe
13038 Memorial Dr.
Houston, TX 77079-7324